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UNUSUAL CASES IN PRIVATE PRACTICE.[1]

BY JOHN G. BLAKE, M. D.

THE following case is interesting chiefly from the careful examination of the condition of the larynx made and reported by Dr. Knight, and also in some degree by reason of the unusual character of the disease and the completeness of the recovery.

Paralysis of both Posterior Crico-Arytenoid Muscles in a Case of Diphtheria; Tracheotomy; Recovery. — Mary G., aged six, in good health up to nine months preceding present illness, at which time she had scarlatina, followed by diphtheria, and narrowly escaped death, a younger brother and sister dying at the same time. She recovered fully, however, continuing well through the summer and early fall. It may here be stated that as far as inquiry and examination, extended over a number of weeks, could be made, there seemed to be an absence of local cause for the severity of the disease above mentioned as well as that which I am about to describe. The house is a new brick structure on the lower part of Broadway, South Boston Point, and within a few hundred feet of the sea; the drains, sinks, water-closets, all of the best workmanship; a dry cellar and an absence of bad smells. The neighborhood is somewhat open to suspicion, as during last winter a family on the opposite side of the street lost three children from a severe form of scarlatina.

The child was brought to my office October 25th, and I learned that for the preceding week a croupy sound had been noticed when she coughed, — which was not often, — and noisy breathing at night while asleep. The voice remained natural. She appeared to be quite well, the general health being good, appetite and strength as usual, and made no complaint of difficulty of breathing or distress in swallowing. An examination of the throat revealed a yellowish exudation on the posterior fauces, with some enlargement of the tonsils, but no deposit upon them. The parents had seen nothing to cause alarm in her condition, and directions to keep her in-doors and to adopt active treatment seemed to them somewhat premature. It was deemed safest, however, to put her on large doses of tincture of chloride of iron and quinine, to paint the throat twice daily with chloride of iron, and to atomize it frequently

[1] Read before the Boston Society for Medical Observation, June 4, 1877.

with the same. This was continued from Sunday P. M. till the following Wednesday, when the voice for the first time became hoarse, and breathing more noisy during the night. The next day Dr. Knight saw her in consultation, and this is his description of the larynx: "Paralysis of both posterior crico-arytenoid muscles (the effect of which is nearly complete closure of the glottis). The larynx was free from exudation or other sign of inflammation, except a patch on anterior surface of posterior wall. The vocal chords perfectly healthy in appearance. The diagnosis between spasm of the glottis — which would give the same position of the vocal chords — and paralysis of the crico-arytenoid muscles is based on the constancy of the condition in paralysis, and the reverse in case of spasm. It would seem as if the paralysis in this case might have been reflex. Where we find this paralysis as a chronic condition, tracheotomy is always recommended at once as a precautionary measure; but where a patient is under constant observation, as in acute disease, and the symptoms may disappear at any moment, delay is considered justifiable."

In addition to the treatment already described, steam was now added. No improvement followed; indeed, from this time the hoarseness became gradually more severe, and by the next afternoon it was evident that tracheotomy would be required. Dr. Knight saw her again about four o'clock, and advised being ready to operate at any time. I saw her at half past six, and was fearful that she would suffocate before I could obtain assistance. Dr. Cheever was hastily summoned, and the operation was commenced without ether. The child was fat, with a short, thick neck, and the incision was made rather too near the sternum. The light from a side bracket was the poorest for the operation, and the result of a number of untoward circumstances was that nearly an hour was occupied. Several times her condition seemed hopeless, and when at last the tube was inserted, artificial respiration and injections of hot brandy, per rectum, were required and continued for some time before the breathing became fully established. I remained with her all night. She rested fairly, and during the latter part of the time took milk very freely. There was nothing resembling membrane expelled before, during, or after the operation. A thick albuminous fluid, tenacious in character, and with a tendency to dry rapidly into hard crusts and solidly obstruct the tube, was the chief source of annoyance to the physician and of danger to the patient. Glycerine and warm water, in equal parts, was used very freely during the night, and a feather quill was passed often into and below the tube. This, with frequent removals of the inner tube, kept the breathing unobstructed until the following night, when I was summoned in haste, and found on arriving that the tube was clear but the breathing had become much impeded. A careful examination showed obstruction of the trachea below the tube, prob-

ably by the drying of the secretion. A vigorous use of the quill dipped in various solvents, which was followed by some coughing, was called for before it was finally cleared. This danger recurred many times within the next five days, and required prompt and intelligent action on the part of the attendants. The success of the case depended, of course, upon keeping the trachea clear, and in this particular instance this meant much more than cleaning the tube, throwing in a little spray from an atomizer, or anointing with sweet-oil. I felt from the beginning that the constant presence of a physician day and night was an indispensable requisite, and this was proved many times while the tube remained. Drs. Stanton, Fleming, Dunn, Quint, and Gorman assisted. I believe that every one of these gentlemen rendered service that saved the child's life, and which no simple nurse, however intelligent, could perform. I emphasize this point, because I believe that some of the deaths after tracheotomy are due to obstruction by the secretion in the trachea below the tube, which educated eyes would detect and skillful hands relieve.

Strength was supported throughout by milk, beef-juice, brandy, and tonics. After six days the tube was removed, and in ten days more the opening closed.

Among the many applications resorted to was jeweler's oil, which, on account of its non-drying qualities, was supposed to answer a better purpose than the ordinary almond or olive oils. A good deal of harshness of breathing continued for some time, due, probably, to inflammatory thickening at the seat of the wound, but this gradually yielded to time and inunction of iodine ointment. The child became, and has since continued, perfectly well.

Ovariotomy; Recovery. — Mrs. Mary A. K., fifty years of age, American by birth, the mother of four children, youngest eleven years old, all living, has not been pregnant since the birth of the last child; is of light complexion, slight frame, and nervo-lymphatic temperament. Her habits were active, and she was used to a good deal of exercise and what many would call hard work. She had always enjoyed average good health, without being at all what one would term robust. Family history good; relatives often attaining the ages of eighty, ninety, and one hundred years.

The menstrual function began at fifteen and ceased at forty-seven; irregular for two years preceding cessation; suffered more or less from leucorrhœa for several years. First noticed abdominal enlargement two years and three months before date, but did not perceive that it began in either ovarian region. Continued steadily to increase in size for fourteen months, with frequent attacks of pain, tenderness on pressure over different parts of the abdomen, and vomiting, followed by general prostration. Had on the whole about fourteen of these severe spells.

She was tapped in June, 1876, and six quarts of a dark-brown, thick, ropy fluid, somewhat resembling molasses, were drawn off. Suffered greatly from prostration after the tapping. No difficulty was experienced at this time in making out the disease, as the substance of the cyst and the character of the fluid made diagnosis easy. After regaining strength she resumed active habits, and continued in tolerable health till the beginning of September, 1876, when increased size and recurrence of painful attacks made it evident that operative measures must soon be resorted to.

After a fair statement of the chances of success attending removal of the tumor, the patient decided on having the operation performed. Meantime a preparatory course of treatment, consisting of tincture of chloride of iron, rest, and attention to the condition of the kidneys and bowels, was instituted. The size of the abdomen exceeded at this time that of a pregnant woman at full term.

A new and sunny house on one of the remote South End squares was selected, free from sewer defects and drain smells, and in a quiet neighborhood. One week before the time appointed for the operation she had a severe attack of pain, tenderness over abdomen, and vomiting, which was undoubtedly peritonitic in character, but from this she recovered rapidly.

September 27th, the room having been heated to 75° F. and thoroughly carbolized, the patient was placed on a Crosby fracture bed, and having been carefully etherized by Dr. W. A. Dunn, the operation was commenced by making an incision four inches in length in the median line, between the umbilicus and symphisis pubis; a large quantity of ascitic fluid, thicker than ordinary, escaped, and the cyst wall, white and glistening, came in view. A sound introduced into the abdominal cavity and swept over the surface of the tumor revealed firm adhesions at various points, which did not break down easily, requiring at last the introduction and careful use of the hand.

An attempt to empty the cyst by Spencer Wells's trocar was, by reason of these very firm adhesions, only partially successful, and a lengthening of the incision was necessary in order to allow of its delivery. It was very firmly adherent at base, and long and careful manipulation was required before the pedicle came to view. The wall of the cyst was quite friable; the contents resembled curdy pus. Great care was necessary to prevent the escape of this fluid into the abdominal cavity. The pedicle was broad and rather short. Spencer Wells's largest-sized clamp was applied, and the tumor was separated. It was estimated to contain between sixteen and twenty pints. The removal of clots and complete arrest of hæmorrhage from the sites of torn adhesions occupied an hour and a quarter, and the entire operation was not completed in less than an hour and forty minutes. The cut surface of

the pedicle was cauterized, and the wound closed by five silver sutures, which included the peritonæum, the pedicle coming out between the last lower suture and the end of incision. The abdomen was then thickly padded with cotton and large bands of adhesive plaster to exercise gentle pressure, with a flannel roller over all. The patient rallied well from the ether, and in the evening felt quite comfortable, suffering only from pain attributed to the clamp.

The after-treatment need not be detailed. The pulse never rose beyond 102, nor the temperature higher than 100°. The urine was drawn regularly every six hours. The diet for the first five days was of the simplest nutritive liquids, such as barley-water, milk, and lime-water, beef juice, with a fair share of brandy and water. On the fifth day the bowels moved spontaneously, and after that progress was rapid. The sutures were removed in twelve days, and at the end of three weeks the clamp separated. In five weeks she was able to sit up, and has been since and is now in better health than for years previous.

Drs. Wheeler, Bixby, Bundy, and Dunn rendered valuable assistance in aid and counsel. Every operator in a case like this will appreciate what it is to have experienced aids about him, ready to anticipate his slightest wish, and without confusion or haste doing the right thing at the proper time.

I believe recovery in this case was materially aided by the persistence in measures completely to arrest bleeding, and the care to remove all clots and liquid blood from the pelvic cavity. In addition carbolic acid was used with great freedom during and after the operation, and the utmost care and cleanliness were observed in every way. A skillful nurse, whose watchfulness and fidelity merit recognition (Mrs. Beckwith, 7 Malden Street), contributed materially to the successful result.

Inversion of the Uterus; Recovery. — Inversion of the uterus is a lesion sufficiently rare to justify the publication of every case, however simple. The grave nature of the injury and the dangers both immediate and remote attending it, the fact that it may occur without attracting the notice of the physician, and that even when attention is called to it there may be failure to recognize its character and take immediate steps for relief, are good reasons why every physician, in obstetric practice at least, should be familiar with its signs and symptoms. That acquaintance with the accident is not general, the number of cases of unreduced inverted uteri related in current obstetric literature makes sufficiently evident. Cases are recorded, varying in duration from a few hours to fifteen years, — Dr. White (Buffalo) relating one which was reduced by him after that lapse of time. Fortunately, however, this is exceptional, and relief is usually sought and obtained within a few weeks or months from the time of the injury.

The difficulty of returning the organ to its normal position is some-

times very great, and we may all draw courage from the fact that the most eminent men in American gynæcology have devoted hours at a time, and sometimes performed repeated operations, before finally succeeding.

The methods of reduction usually resorted to may be briefly sketched here. By the first, the patient being etherized and placed upon her back with the legs drawn up, the uterus is grasped by the hand with the fingers extended, and lateral compression is exercised upon the organ, the vagina being first placed upon the stretch. By applying steady and continued pressure the uterus is thus pushed upward and backward, the part last inverted being first reduced. In the second or so-called "dimpling" process, by pressure upon the most dependent part of the fundus, the portion of the uterus first inverted is first pushed up. A third process, which may be termed a modification of the second, is suggested by Dr. Noeggerath, namely, to apply pressure to each corner of the uterus, and so effect reduction in that way. In cases of long standing it may even be necessary to open the abdominal cavity and distend the cervix before replacement is possible. Various modifications of the above measures may be required in special cases, to which no allusion is necessary in a paper of this character. I desire to refer to a most interesting and instructive article on this subject in the *American Journal of Obstetrics*,[1] by Dr. Thomas, of New York, and to the writings of Drs. Emmet, Wooster, and others on the same.

Dr. Thomas's differential diagnosis between complete inversion and fibroid polypi is so clear and conclusive that I take the liberty of quoting it here in full: —

If it be a polypus, —	If it be inversion, —
(1.) The probe will pass by its side into the uterus.	(1.) The probe and finger will be arrested at the neck.
(2.) Conjoined manipulation will reveal the uterine body.	(2.) Conjoined manipulation will reveal the ring where the body should be.
(3.) Rectal touch will reveal the uterus.	(3.) Rectal touch will not discover the uterus.
(4.) Recto-vesical exploration will reveal the uterus.	(4.) Recto-vesical exploration will not discover the uterus.
(5.) The pedicle will usually be small.	(5.) The pedicle will be large.

The following case illustrates some of the most frequent symptoms resulting from inversion: —

Mrs. H., aged twenty-five, American, in good health until present illness; married three years, and mother of two children. Nursed first child until it was thirteen months old. Second child was born May 7, 1876. Labor of only three hours' duration terminated naturally. During labor she took ergot, and was urged to make undue exertion by the attending physician. The child was very large. Delivery of the pla-

[1] Volume ii., page 423.

centa followed in a few minutes and was not hastened by traction on the cord or by introduction of the hand into the vagina. Is not aware of suffering any severe shock at the time. Continued to feel weak during seven days, and at the end of that time noticed that "her womb came down" while straining at stool, appearing outside of vulva. She "put it back" herself and sent for her physician. He, it appears, did not recognize the nature of the difficulty. She had retention of urine for the week following. Two weeks later the uterus again appeared externally. She remained in bed for two weeks after the birth of her child and was up at the time of the second prolapse. Hæmorrhage constant from the time of delivery until visited by me eleven weeks afterwards, and she had been confined to her bed, except for short intervals, during the whole period. So far, the patient's statement. Her physician considered the case to be one of polypus of unusual character, and postponed operative measures until her health improved.

When first seen she was very much enfeebled by loss of blood, and complained of a feeling of weight and dragging about the back and loins. Vaginal examination revealed a tumor filling the vagina and appearing just inside the vulva, somewhat pyramidal in shape, of firm consistence, white color, and having much the appearance of a fibroid. It did not, however, have the stony hardness of the latter. The finger passed high up could be swept quite around the cul-de-sac, and the diagnosis could be made with tolerable confidence. The rectum was distended by fæces, preventing a complete examination. Next day was appointed for attempting reduction.

An interview with the former physician and some looking up of the subject impaired my confidence in the diagnosis, and began to make me fancy it might be a fibroid polypus. I suppose many of us experience similar doubts in cases where absolute certainty does not exist. Dr. Fitz kindly saw her with me next day, and the rectum having been thoroughly evacuated and a thorough examination made possible, a correct diagnosis was easily made.

The patient was etherized by Dr. W. A. Dunn, and having been placed upon her back the first method was followed. The uterus was grasped firmly by the hand, the vagina put upon the stretch, and steady pressure was made obliquely upwards and backwards in the axis of the pelvis, lateral compression being made at the same time, with the end to reduce first the part of the uterus inverted last. After ten minutes' continuous effort without apparently effecting anything, my hand became fatigued and Dr. Fitz took hold. After the expiration of another ten minutes the organ began to diminish in size and to return to its normal position, so that when I again resumed the completion was a matter of only a few moments. There was none of the snap of spontane-

ous return mentioned in the books in this case; the fingers were not only obliged to follow the fundus and push it into place, but to remain in utero until the cervix began to contract. External manipulation hastened this, and within half an hour the organ was fairly contracted. There was very slight hæmorrhage during the operation, none of any consequence after. The patient was kept in bed for a week and then allowed to sit up. Nothing important occurred afterward; there was a lame back and a sense of soreness in the right iliac region, but no pain or leucorrhœa. There also remained for some time more or less vertigo, referable to excessive loss of blood, which time and tonic treatment wholly removed.

CONDITIONS AFFECTING THE FŒTAL PULSE.[1]

BY EDWARD DYER PETERS, JR., HARVARD MEDICAL SCHOOL.

THE following thirty cases are taken, by permission, from the records of the Boston Lying-in Hospital.

With the exception of four cases, all the observations were made by myself during a term of service as house physician, and were repeated at various times and under varying conditions, to insure as much accuracy as possible. In spite of these precautions the deductions must be very unreliable, as the fluctuations in the fœtal pulse were found to be very great, even on the same day and as far as possible under similar circumstances.

The following facts were noticed with sufficient constancy to warrant their statement in a general way: —

Contrary to Cazeaux's statement, it was found that the rapidity of the fœtal heart increased in an inverse proportion to its age. After about the eighth month, however, it was found to remain tolerably constant.

Active muscular exercise on the mother's part, such as running upstairs, caused a somewhat irregular fœtal pulse, but did not quicken it. Violent movements on the part of the child itself, produced by sudden cold applied over the region of the uterus, were always followed by a very marked increase in the rapidity of the pulse. Continued dyspnœa on the mother's part caused a quick and irregular fœtal pulse during its existence. As the only cases of dyspnœa which were available occurred in women suffering from bronchial inflammation, it would be difficult to determine whether the accompanying feverish condition were the cause of the quickened fœtal pulse, or whether, according to Engelhorn's theory, the increased amount of carbonic acid in the mother's blood in cases of dyspnœa might affect the vaso-motor centres of the child.

[1] Graduation Thesis, May 14, 1877.

In thirteen cases of labor no increase in the number of heart-beats could be detected during uterine contractions until after the waters had broken, when they became very rapid, feeble, and in some cases inaudible, not resuming their normal rhythm and strength unless the intervals between the pains were unusually long. In two cases this same rapidity and weakness of the fœtal pulse were noticed during the uterine contractions before the waters escaped; in both these cases the amount of the liquor amnii was very small, and the contractions of the uterus were doubtless severely felt by the placenta, as shown by the almost total disappearance of the placental murmur at the same time.

The following table explains itself. The observations were repeated in most cases many times, and some fifteen more cases which might have been added to the list have been excluded on account of great irregularities in the fœtal pulse without apparent cause, an insufficient number of observations, and the fact that many of the women did not enter the hospital until after labor had begun.

Hospital Number.	Fœtal Pulse.	Maternal Pulse.	Weight of Child at Birth.	Sex.	Age of Mother.
1207	135	86	6	B.	22
1209	125	96	4½	B.	26
1213	137	74	8	G.	32
1200	135	90	8	B.	19
1233	138	78	7¾	G.	22
1240	162	80	6½	G.	23
1230	174	76	7	G.	25
1242	152	68	5¾	G.	22
1246	138	62	7	G.	24
1231	138	94	6½	B.	22
1238	133	88	6½	B.	34
1203	154	74	8	G.	22
1256	154	82	6	G.	25
1253	138	78	6½	B.	22
1270	134	88	5½	G.	18
1258	135	76	6	B.	22
1277	138	88	6¾	G.	17
1284	144	82	6½	B.	17
1182	152	94	7	G.	28
1263	154	74	8	B.	24
1279	126	80	8	B.	27
1266	120	78	6	G.	20
1304	132	84	6½	B.	25
1301	168	80	8	G.	22
1286	132	76	4	B.	23
1308	120	78	3½	B.	34
1222	132	86	6	G.	17
1274	148	98	6	G.	26
1311	144	84	6	G.	26
1319	158	68	6½	B.	18

An analysis of this table gives the following facts: —

Of the thirty births sixteen were girls, fourteen were boys. The average pulse of the girls was 146½; the average pulse of the boys was

136¼; the average weight of the girls was 6.7 pounds; the average weight of the boys was 6.16 pounds; the average maternal pulse-rate for the girls was 80.6: the average maternal pulse-rate for the boys was 82.1.

In extra-uterine life it is an established fact that the frequency of the pulse diminishes as the weight of the animal increases. The following table is from Rauke's Grundzüge der Physiologie: —

	Weight in Grammes.	Pulse-Rate.
Squirrel	222	320
Cat	1312	240
Rabbit	1434	220
Dog	9400	96
Horse	380,000	55

In comparing the intra-uterine pulse-rate of large and small children we obtain the following figures: —

Average weight of eight largest girls, 7.4 pounds; average pulse-rate of eight largest girls, 150; average weight of eight smallest girls, 6 pounds; average pulse-rate of eight smallest girls, 143; average weight of seven largest boys, 7.1 pounds; average pulse-rate of seven largest boys, 143; average weight of seven smallest boys, 5.2 pounds; average pulse-rate of seven smallest boys, 131.

It is interesting to notice that these figures, although based on too few cases to have much value, give results directly opposite to the law stated above as holding good in extra-uterine life. Both the largest girls and the largest boys had a considerably higher average pulse than the smallest ones.

The three smallest children were boys, weighing respectively four and a quarter, four, and three and a half pounds, and having a pulse-rate of 125, 132, and 120, this being considerably below the normal pulse-rate of average-sized children.

It will be seen that these figures are confusing, and that although, in the main, the fœtal pulse of girls is higher than that of boys by some ten or twelve beats per minute, still any attempt to use this method for the determination of sex before birth must be very uncertain.

Dr. Engelhorn, of Leipzig, in the *Archiv für Gynœcologie*, band ix., heft 3, records careful observations of some forty cases with results not very different from those stated here. He succeeds somewhat better in establishing an apparent ratio between the size of the fœtus and the rapidity of its heart-beats.

The inference to be drawn from these few observations seems to be, that although a rapid pulse-rate indicates a female child, and *vice versâ*, still there are so many other factors impossible to determine, which have so much greater influence on the pulse-rate than the sex has, that the diagnosis of sex by this method has little practical value.

There is little difficulty as a rule in detecting the heart-sounds. Forty-

two cases were examined successively, and in thirty-nine the fœtal heart could be counted. Of the three remaining cases one was a breech, one was still-born, and the ill-success in the third case may fairly be attributed to the inexperience of the examiner.

RECENT PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.[1]

BY S. HOWE, M. D.

GYNÆCOLOGY.

Treatment of Lacerations of the Cervix Uteri. — Dr. T. A. Emmet[2] explains why the operation for laceration of the cervix, which he two years before described, has in many cases been unsuccessful by saying that the patients were not in a fit condition, and goes on to point out what these conditions should be, and also in what sort of cases the operation should be performed.

The conditions which are unfavorable for the operation, and which must be overcome before the operation, are as follows: A cystic condition of the cervical follicles, which causes the lips of the cervix to be rolled out, and even in some extreme cases a strangulated condition of the neck of the uterus; peritonitis, or parametritis pelvica; changes in the position of the uterus in the pelvic cavity; cicatricial tissue in the angle of the laceration; strangulated condition of the cervix due to the formation of cicatricial tissue at the base of the cervix between a double laceration; and, finally, congestion of the uterus from any cause.

In cystic condition of the cervical follicle the mucous membrane is rolled out as far as the os internum. The superficial layer of the mucous membrane feels rough and uneven, as if there were shot under it. The treatment of this condition is to puncture each cyst and enlarged follicle with a knife, and to paint the whole cervix with concentrated tincture of iodine.

Peritonitis or parametritis very often follows the lesions caused by childbirth, and frequently occurs also after any operation that is undertaken before the sensibility of the uterus is entirely gone. The common treatment of inflammation of the cellular tissue of the pelvis consists in counter-irritation of the abdominal walls just above the pubes with vesicants, croton-oil, tincture of iodine, etc., and vaginal injections of hot water from one hundred to one hundred and ten degrees, morning and evening. Sometimes one of the broad ligaments is thickened and shortened by inflammation, and if the patient stands erect the enlarged uterus stretches the inflamed ligament, and causes pain and increase of the exudation. In such cases a light pessary is indicated, which will

[1] Concluded from page 192.

[2] American Practitioner, January, 1877.

raise and hold up the uterus and prevent this irritation. If, however, the pessary lift up the uterus too high it will do more harm than good. The feelings of the patient are the only guide as to whether it is right or not.

Where there are changes in the position of the organ, a course of treatment with a pessary must be gone through with before the operation can be performed. The cicatricial tissue in the angle of the laceration must be very carefully removed by an operation, and the congestion of the uterus is best relieved by long-continued injections of hot water, and by keeping the uterus in place and well supported where there is any tendency to prolapse. If these various kinds of treatment are carried out, — and they may require three or more months, — then the operation, if carefully performed, will almost always be successful.

The operation, both in its nature and performance, is very simple. It is made easier by drawing down the uterus with a hook. The operator refreshes the edges of the laceration, beginning with the deep parts first. The patient lies either on her left side or on her back. The operation is best performed with scissors, the part to be excised being seized with a pair of forceps, and cut away with the scissors. The edges of the wound should be as straight and even as possible. If the tissue is thick, a short, strong, lance-pointed needle is best for sewing the edges together; if thin and vascular, a small, round needle. The external and vaginal edges should be brought exactly together. After eight or more days the sutures can be removed, but very great care must be exercised in doing this, so as not to separate the freshly united wound. Great care should be used in diagnosticating this lesion, and not mistaking ulceration of the cervix for it, as has often been done.

The lesion occurs in about 5.9 per cent. of all gynæcological cases.

Ovariotomy. — T. Spencer Wells[1] read before the Medical and Surgical Society of London an account of his last three hundred cases of ovariotomy, making in all eight hundred. In the sixth hundred set he lost twenty-eight per cent.; in the seventh and eighth sets, twenty-four per cent. In the last three hundred he had operated on many unfavorable cases, which had made the percentage higher. In only eight of the three hundred had he used the drainage tube, and in eleven other cases, after the operation, he had made an opening either in the abdominal walls or in the vagina, to let out the fluid which had collected. Spencer Wells used a drainage tube only when he suspected that there would be a collection of fluid in the abdominal cavity after the operation. He thought that a drainage tube could cause a formation of fluid, or would often increase the amount of fluid already there. A collection of fluid after an operation would sometimes form a swelling between the uterus and rectum; if such occurred, it could

[1] British Medical Journal, March, 1877

easily be emptied by a trocar. He said that in his ninth hundred set, which he had just begun, he had operated twenty-seven times, and all these cases had done well.

A Case of Ruptured Ovarian Cyst. — Thomas Keith [1] reports a case in order to show that even where the conditions appear very bad and hopeless, the case may do well. Such are cases of inflammation of the cyst, with the formation of pus, or those in which typhoidal symptoms occur after puncture of the cyst.

The patient was a married English woman who had suffered from a very rapidly forming cyst. The abdomen was forty-three inches in circumference. The tumor felt like a soft solid, with partial fluctuation in places. The abdominal walls were very tense. On the morning which had been appointed for the operation it was discovered that the cyst had burst. A thick, dark fluid was drawn off by the aspirator. The operation was postponed, the operator knowing that when blood which is not fresh has entered the peritoneal cavity a septic peritonitis is very apt to be set up. The condition of the patient in the next thirty hours rapidly grew worse; the temperature rose to about 105° F., pulse 130. Vomiting and pain were present; the urine became albuminous, the tongue dry and black, as were the lips. General condition very bad. This state of things lasted ten days, the temperature varying between 103° and 105°. As destruction of the cyst was going on, and also an unusual development of gas, on September 16, 1876, although the condition of the patient seemed hopeless, the operation was performed.

The patient had at that time jaundice and phlegmasia dolens; the urine was very scanty and highly albuminous. The cyst was found to be strongly adherent to the omentum, intestines, and pelvic cellular tissue. It was in a gangrenous condition, and its contents were very fœtid. The intestines in the cavity of the pelvis, the uterus, and rectum were imbedded in putrid lymph. The operation lasted an hour and a half. The abdominal cavity was very carefully washed out with a solution of carbolic acid, and the wound closed with silver sutures. A drainage tube was fastened above the clamp. The cyst and its contents weighed twenty-five pounds. Vomiting lasted until the 18th of September, when the temperature fell to about 100°, and the patient felt very much better. This state of things lasted about a week, when she had a slight relapse, with return of the vomiting; after this the case improved slowly, and on the 8th of January the patient was discharged, well.

Dr. Keith has operated in fourteen similar cases, and has lost two only, twelve having recovered. He thinks that if such cases get well, the results of ordinary operations should be very much better. The

[1] Lancet, March, 1877.

mortality in Dr. Keith's practice is smaller and smaller each year. In one hundred and seven he has lost ten patients only.

Removal of the Ovaries in a Case of Fibro-Myoma of the Uterus. — Dr. Hegar [1] gives an account of the removal of the ovaries in two cases, for fibro-myoma of the uterus, and his reasons for the operation. They are as follows: —

(1.) The operation was performed on account of persistent hæmorrhages, which were threatening the lives of the patients, and when all other remedies had been thoroughly tried without any result; the remedies were ergotine, which was injected into the abdominal walls for a considerable time, vaginal and intra-uterine injections of astringents, and styptics. Both patients were very much reduced by the loss of blood, pain, and discharge from the vagina.

(2.) One of the patients had been sent to him by another physician who recommended removal of the uterus. Dr. Hegar, knowing how fatal such an operation was, and what a small percentage of those operated on recovered (although it was a well-recognized operation, and had been performed by many of the best gynæcological operators), desired to try some other less dangerous mode of treament, and decided to remove the ovaries. He thought that the operation had never been attempted, for he had not at that time heard of Dr. Trenholme's (Montreal) case. The operation was performed, and a perfect cessation of the hæmorrhage and pain followed. In one case, however, the recovery was tedious, owing to some abscesses which occurred in the pelvic cellular tissue, and which were released by puncture through the rectum. Over nine months has elapsed since the first operation, and there has been no return of the symptoms or of the mucus, the patients enjoying good health.

Dr. Hegar goes on to state that this is the first case of extirpation of the healthy ovaries which has ever been performed in Europe, with the exception of the case of Köberle,[2] who removed one of the ovaries (the left) from a patient who suffered from retroversion of the uterus. The abdominal cavity was opened, and the left broad ligament was found adherent to the wall of the pelvis, holding the uterus in a retroverted condition; the left ovary was bound down with the ligament, and in removing one it became necessary to remove the other also. The patient had suffered from long-continued constipation, which medicine would not relieve. After the operation the rectum was thoroughly emptied, being packed with hardened fæces. The patient did well.

Remedy for the Pain in Carcinoma of the Cervix Uteri.[3] — In many

[1] Centralblatt für Gynækologie, No. 5.
[2] Centralblatt für Gynækologie, No. 2.
[3] Aust-Lawrence, Medical Times and Gazette, page 310, 1877.

cases the following method of treatment has proved very beneficial for the excessive pain in cancer of the uterus, vagina, and rectum. In cases of medullary carcinoma and progressive epithelioma of the uterus, powdered ergot in doses of thirty grains every six hours has proved very beneficial against the terrible pain, for, as a rule, when there is an increase in the amount of blood flowing from the diseased tissue, the pain is much diminished, but in patients who are very much reduced already by the loss of blood, this treatment cannot be carried out.

Another excellent remedy, he goes on to say, is croton chloral hydrate. This diminishes the pain, not in the cancer but the reflex pain in the back, thighs, and vulva. As local treatment, he advises placing little pieces of cotton-wool, soaked in strong carbolic acid, about the cervix and diseased tissue; this should be done through a speculum; then to syringe out the vagina, morning and evening, with a solution of what is called glycerine carbolic acid, thirty grains in a pint of water.

Fibro-Myoma Vaginæ. — Neugebauer[1] gives a case of vaginal fibro-myoma: A woman, forty-one years old, who had had nine children, noticed soon after the birth of her first child, at the lower portion of the anterior vagina, a small, hard, painless swelling. This gradually grew and protruded from the vulva. The tumor was about four centimetres in circumference, and was covered with a smooth red mucous membrane, except at the top, where there was a small ulceration. With the patient in the lithotomy position, the tumor was removed by a galvano-cautery wire. The bleeding was very free and was stopped with difficulty. A few weeks afterward there was a recurrence of the tumor, which measured five by four centimetres; this was removed by the écraseur. Again there was considerable hæmorrhage. The urethra was protected by a catheter. The treatment was radical, there being no return of the tumor. Both tumors were fibro-myomata.

Dr. Neugebauer has collected thirty-four cases of fibro-myoma of the vagina from different medical works, and has come to the following conclusions: —

(1.) Solid tumors of the vagina not carcinomatous are rare.

(2.) These are generally either fibroids or fibro-myomas, and very rarely pure sarcomas.

(3.) Their situation may be anywhere in the vagina. The development of the tumor is not in any way connected with the age of the patient.

(4.) The tumor usually grows slowly, but it can be very large and weigh even ten pounds.

(5.) They generally cause no inconvenience, but may be so large as to prevent childbirth.

[1] Prager Vierteljahrsschrift, Band 134.

(6.) The operation for their removal depends on what sort of a base they have. Severe hæmorrhage can very easily occur. The result is in most cases favorable.

PROCEEDINGS OF THE CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.

A. P. RICHARDSON, M. D., WALPOLE, N. H., CORRESPONDING SECRETARY.

This association was organized July 15, 1859. It has a long name and represents a long tract of territory on both sides of the Connecticut River. It includes in New Hampshire the towns of Hanover, Claremont, and Keene; in Vermont, Brattleborough, Bellows Falls, and White River Junction, with the smaller intervening towns in both States. It also extends along the valley into Massachusetts. It has adopted a code of ethics similar to that of the state medical societies of New Hampshire and Vermont. The usual attendance is twenty-five or thirty members, which is less than half the whole number belonging to the association. The usual place of meeting is Bellows Falls, Vt. There are three meetings a year: in May (annual), July, and October.

This association has adopted a charter granted by the New Hampshire legislature in 1876. It is also chartered under the general statutes of Vermont. Its last annual meeting was held May 2, 1877, Dr. Frost, of Hanover, in the chair.

Coxo-Femoral Dislocation. — Dr. Whitman, of Bellows Falls, reported a case of dislocation on the dorsum ilii, in which anæsthesia caused no relaxation of the muscles. At a second etherization, some hours after, there was perfect relaxation, and the reduction was effected by extension with little trouble, and the patient left in bed. On the following day, with very slight movement of the patient, the dislocation was suddenly reproduced. A third etherization and a second reduction was accomplished, and a weight with a pulley was attached to the foot, after which the patient did well.

Dr. Allen, of White River Junction, then presented what he called a "new method" of reducing dislocations of the hip, which he has employed in several cases with ease and success. It consists of placing the patient under anæsthesia, upon his back, flexing the thigh at a right angle with the body, and the leg at a right angle with the thigh; then, standing astride the leg, the surgeon clasps his hands under the angle at the knee and raises the hips from the floor, in which position he remains for a few seconds, when the reduction occurs with the usual "snap" as the bone enters its place. The clasped hands of the surgeon become the fixed point, the counter-extension, while the weight of the body draws the socket down and over the head of the femur. This method, he believes, will prove successful in all varieties of dislocations of the hip, though a little manipulation may first be necessary in the other forms of dislocation than that upon the dorsum ilii.

Tumor of the Stomach. — Dr. Phelps, of Windsor, Vt., reported a case, and showed a specimen of tumor of stomach, the size of a walnut, extending through the walls of the stomach, and appearing equally on external and internal surfaces. It had the appearance of being carcinoma. The tumor was

being hardened for microscopic examination. The patient, a man, was sick a year, with pain simulating intercostal neuralgia. Vomiting was a constant symptom.

Dr. Goodwillie, of Vernon, Vt., was invited to repeat his address of a previous meeting on Reform in the Medical Profession.

Dr. Loveland, of Westmoreland, N. H., reported a case of hydrophobia which occurred at the Cheshire County Almshouse last April. The patient was of Irish descent, a railroad hand, forty-three years old. He was of medium size, with a well-developed muscular system, and a constitution apparently free from disease. He was bitten in January last by a dog. The first symptoms showed themselves on April 6th, when the patient complained of feeling unwell; was uneasy, anxious, and irritable. Some rheumatic pains were felt, commencing at the wounds and extending along the course of the nerves Dr. Loveland found him suffering from spasmodic pain beginning at the epigastrium and involving the larynx and pharynx, producing a sense of suffocation. When offered fluids the patient would express aversion to them, and the mention or sight of them would frequently produce a paroxysm. Fluids in small quantities could with difficulty be taken. He would fill his mouth with the fluid, forcibly grasping whatever was nearest him. The patient would remain in a rigid, cataleptic position, with head slightly thrown backwards and livid cheeks, till the act of swallowing took place. This was usually performed in a few seconds. Accompanying this were convulsive fits and a noise like that produced by the passage of air subjected to great pressure through a narrow aperture.

The respiration was labored. Short inspiration was succeeded by long, and at times violent expiration. Conversation was often interrupted by the difficulty in breathing. Sometimes the voice was of a sighing character.

These symptoms continued increasing in severity, and the patient died at two A. M., April 9th. There was, towards the last, some delirium. The treatment consisted of, in addition to as careful nourishment as the case allowed, the administration of narcotics.

Dr. Allen presented a specimen of diseased knee-joint of several years' standing, for which amputation of the thigh was performed a few days before.

Delegates were chosen for the several state and other medical societies near us, and for the American Medical Association.

July 11, 1877. A paper was read by the secretary from Dr. Downing, on Cholera Infantum, which formed the chief topic for discussion during the forenoon.

In the afternoon a paper was presented on Vaginal Thrombus, by Dr. Gray, of Brattleborough.

Femoral Aneurism. — Dr. A. B. Crosby related a case of femoral aneurism treated and cured by a method original in its plan, which consists of a shot-bag in the form of an inverted, truncated cone, suspended by an elastic cord over the patient, so as to produce a constant pressure over the aneurism. He gives to this method the name "elastic digital compression."

HEALTH OF TOWNS.[1]

SPECIAL report number seven is devoted to the subject of Health of Towns, and contains, besides several special papers, the answers from correspondents in the various towns, chiefly upon the subject of diphtheria.

Among the special papers, that of Dr. Pinkham, of Lynn, is by far the most thorough, and though his conclusions as to certain things, such as contagion, causation, etc., may be thought to be based on a comparatively small number of cases, yet the method in which he has conducted his investigation, and the hard work done by Dr. W. S. Clarke in inspecting all the surroundings of the cases, certainly entitle his opinions to great consideration.

Dr. Pinkham evidently regards diphtheria as contagious, while Dr. Johnson, who reports five hundred and four cases from Salem, appears not to give his full assent to this theory.

All the special papers are accompanied by tabulated statistics showing more or less thorough inquiry on the part of the authors, yet leaving it to be regretted that every condition, natural or artificial, which might be supposed to have a bearing on the question had not been recorded.

The answers from correspondents are more or less complete on many points, yet there is scarcely one which bears internal evidence that the writer had gone to the bottom of things in the course of his investigation. "Places seemed healthy," "houses were apparently well situated," "drainage was average." Such reports are not of much value, except in a general way, and the real bearing of hypothetical causes cannot be estimated until all the facts are known. It is to be hoped that correspondents will give much fuller reports, even if they should be of a smaller number of cases, next year.

An interesting paper by Dr. C. L. Hurlburt, of South Dennis, treats of an epidemic of typhoid fever in that town, and is well worth reading on account of some curious conditions affecting the people of the locality.

The tabulated account of the mortality of various cities and towns is not very flattering to Boston. There are very few towns in the State having as high a death-rate, and of the large cities through the United States Boston maintains an unenviable lead of all except New York and the notoriously unhealthy cities of the Southern States. The reason for this high rate of mortality is not hard to find in a wholly insufficient and inefficient system of sewerage, and unless the authorities take hold of the matter at once and in earnest, by some other way than rejecting the suggestions of experts on the subject, even New Orleans and Charleston will cease to contest the head of the list with Boston.

Special report number three is a very well-written and exceedingly able paper by Dr. J. G. Pinkham, on the Sanitary Condition of Lynn. The conditions of medical practice in this country are such that the important branch of the science which is concerned in the investigation of the causes of those diseases which are now recognized as preventable has not until very recently, and in comparatively few of our cities and towns, made any considerable progress. The American physician, even if by fortunate circumstances removed from the

[1] Eighth Annual Report of the State Board of Health.

actual necessity of "bread-winning," is in the great majority of cases so soon in the midst of a busy practice that, even if the proper training and inclination are present, he is left no time by the pressing demands of the cases under his management for the careful examination of the sanitary conditions under which his own patients or the rest of the community live. The necessity of *cure* gives no opportunity to prepare the conditions of *prevention*. Moreover, the carelessness and indifference of the public authorities, who seem almost more willing to throw obstacles in the way of those laboring to procure for their fellow citizens immunity from disease than ready to help them pecuniarily and otherwise, till their neglect seems almost willful blindness or obstinacy, have afforded little encouragement to the active sanitarian. Even in Boston, where there is a pretty general enlightenment of the people and the authorities in regard to matters pertaining to general health, and where sanitary science has made great progress, there is a neglect in the matter of sewerage which is costing hundreds of lives every year, and which will cost an increasing number every year until a better system of drainage is completed. Public parks are very useful and desirable; even free ferries may be of advantage to the whole city; but it does seem a very short-sighted policy to provide a place where people may go once in a week or so to breath pure air, and at the same time keep the air in which these same people must live seven eighths of the time continually poisoned by the exhalations from defective sewers and the accumulation of filth from insufficient drainage. If any one is surprised at the condition of affairs in Lynn, as shown by Dr. Pinkham's report, let him remember that Boston, excepting in a few of the particulars, is practically as badly off as Lynn, and that immediate and thorough work is necessary if the death-rate is to be kept anywhere within reasonable bounds.

Another obstacle to the progress of sanitary science has been a lack of careful observations and accurate statistics from which to draw proper deductions as to cause and effect in disease. Observations made with the best intentions, and made by medical men with the cause thoroughly at heart, have fallen short of their object, because the observers have started with a preconceived theory, and have made the facts conform to their theory by that insensible warping which seems in many cases almost unavoidable; and again, not all the conditions, natural and artificial, but only a portion of them are recorded, and it is plain that any conclusions from such data must be erroneous just in proportion to the inaccuracy or incompleteness of the record.

In view of these facts, therefore, it is a matter of especial congratulation that the State Board of Health has been able to present to the citizens of the commonwealth a report bearing such unmistakable internal evidence of honest hard work in sanitary investigation, of patient and thorough inquiry into all the causes which may in any way affect the health of the people of Lynn, as that which Dr. Pinkham has prepared. It is apparently so accurate and made with such attention to detail as to furnish, as it were, a photograph — not a very agreeable one, it is true — of the sanitary condition of one of our most thriving cities. The value of this paper is not alone to be estimated by the effect it has in awakening the people of Lynn and their authorities to a sense of their danger and their responsibilities, but also by the further effect it has in caus-

ing citizens of other towns to regard this city as but a type of their own, and to arouse them to the performance of necessary sanitary duties.

As a sanitary study and a model of the proper way to conduct such investigations, Dr. Pinkham's paper is admirable. It neglects no point, in either the natural or artificial conditions affecting the health of the community, and institutes careful comparisons between the different localities of the town, both as to sanitary defects and the relative mortality; and by a careful examination of the statistical tables contained in the report the importance of noting every factor which goes to make up the amount of disease is demonstrated. For instance, take Franklin Street, where there is good sewerage, no overcrowding of the population, five sixths of which are intelligent natives, a street with an elevation of thirty feet above the sea, facts all indicating a good hygienic condition, yet the death-rate is 27.8. Cottage Street, on the other hand, has no sewer, three fourths of the population are foreigners, there is an elevation of only ten feet, and yet the death-rate is only 15.5. The explanation is seen when another factor is considered, namely, the natural drainage. In Cottage Street it is mostly good, while in Franklin Street there is a defective water table four feet from the surface in the summer.

The report is divided into seven sections, each of which is devoted to the consideration of the different conditions affecting health, or the recording and discussion of the actual death-rates and their causes, and the immediate needs of the city in sanitary matters.

The topography of Lynn, both as regards the actual elevations and water surface to be seen with the eye, and the unseen hills and valleys in the subsoil which make the under-ground reservoirs of moisture, is carefully described, and an elaborate map still further illustrates this point as well as other matters treated of in the report. The influence of climate and meteorological conditions receive due attention, as do also the constitution of the population as to nationality, sex, occupation, intelligence, wealth, and pauperism.

In considering the artificial conditions affecting health, Dr. Pinkham and his assistant, Dr. Clarke, reveal a sorry state of things. Contaminated wells, impure water, insufficient sewerage with defective outlet, bad house drainage, neglected under-drainage, accumulated night-soil, uncollected or improperly collected garbage, multiplicity of piggeries, defective dwellings and factories, are subjects fully considered. A page is devoted to the question of intemperance and immorality.

There is a careful analysis and discussion of the mortality records, and the author has made the proper allowance for the probable inaccuracy or incompleteness of the statistics.

It is shown that 26.4 per cent. of the prevailing diseases are zymotic, and it is a little remarkable that under the condition of things disclosed in the report the proportion is not greater. In concluding the report, Dr. Pinkham states briefly what are conceived to be the most pressing sanitary needs of the city so far as they come within the province of public hygiene. They are: (1) More attention to soil drainage; (2) an improvement in the public water supply; (3) a better system of sewerage; (4) an improved method of disposing of night-soil and the contents of cess-pools; (5) a better system of re-

moving garbage; (6) more attention to the subject of ventilation; (7) a more effectual plan for limiting the spread of certain zymotic diseases; and lastly, by far the most urgent, the establishment of an independent board of health.

It is most certainly to be hoped that the suggestions in this report may be acted on, and the arduous labor of Dr. Pinkham be in this way in some measure repaid.

ANNUAL MEDICAL ANNOUNCEMENTS.

We have received a number of catalogues annually circulated at this season of the year by the faculties of various medical schools, and have examined them with some interest to discover what improvements, if any, have been made upon the old methods of instruction. A glance at the New York city schools shows an unswerving adherence to the old plan, if we may except the Woman's Medical College, where a modified "graded system" is optional, and the session extends from October to May. The Michigan University is apparently endeavoring to regain the caste from which it has fallen in its recent affiliation with the homœopaths by one or two changes which are undoubtedly progressive. Instruction will be given during nine months of the year; a graded system is provided for those who wish it; but no examinations are held until the end of the second year, and it does not appear that they are all to be in writing. We believe this was one of the first schools in the country to institute an examination for entrance. We may add that the university gives a separate course of instruction for women. The Miami Medical College of Cincinnati has also a similar optional course. The Syracuse University of New York has, to its honor be it said, adopted the graded system in all its details as part and parcel of its required course, and the University of Pennsylvania has made a long step in advance, adopting also the graded course, but it has not yet succeeded in giving its annual term of study the requisite length. The faculty has, however, among its members some of the most progressive spirits of the day, and we have no fear but that this school will always be found amongst those which maintain a high standard of education.

The short term of study has been one of the great evils of the old system. It permits of freaks in the division of time which no other branch of education has attempted. We hear of fall terms beginning the first of August, summer terms in February, and even of two years being crowded into one.

Many of the circulars we have received contain the "articles of confederation" of the "Association of American Medical Colleges" (high-sounding phrases, but alas! a cloak under which to hide the patches of a worn-out clothing), which organization was formed in Chicago at the time of the meeting of the American Medical Association this spring. The code appears intended to suppress the many irregularities which the old system makes possible. The association includes many prominent schools, and its existence seems to us evidence that adherents to the old plan feel the necessity of banding themselves together for mutual support. The desertion of the more progressive element makes them more sensitive to being classified with schools which have made the system notorious. We see but little benefit to be gained by such a

body. The future of medical education must be left to the enterprise of each individual school, which will not fail to respond to slow but surely increasing demand for a higher standard of education.

MEDICAL NOTES.

— The following is an extract from a series of resolutions adopted by the Manufacturing Chemists' Association of the United States, at their meeting, held in Baltimore, June 6, 1877: "That the position be taken that manufacturing chemists, as producers, having a large amount of capital invested, employing large numbers of working people, paying the same rate of wages, the same rates of interest for the use of money, doing business under the same expenses generally, as other manufacturers; as taxpayers, more heavily burdened than most of their fellow-manufacturers, paying annually into the United States treasury hundreds of thousands of dollars through the tax on distilled spirits alone; and as good citizens, have at least as strong claims upon the government and the people as any other class of manufacturers, and hence that they have an absolute right to demand that any general policy of the government, whatever it may be, shall be made to apply to them, as to all others."

— The fifth session of the International Congress of Medical Science will be held at Geneva from the 9th to the 15th September.

It embraces all the departments of medicine, and the following subjects have been announced in addition to those printed in the JOURNAL of June 7.

Section I., Medicine. President, Dr. Strœhlin; vice-presidents, Drs. Ducellier, Duval, and Revilliod; secretaries, MM. Saloz and Vincent. (1.) The ætiology of typhoid fever, Dr. Bouchard. (2.) Résumé of observations and works of simple chronic ulcer of the stomach, Dr. Lebert. (3.) Diphtheria, croup, tracheotomy, Dr. Revilliod. (4.) Universal pharmacopœia, Professor Gille, Brussels. Communications announced: (1.) Parasitic affections of the skin, Dr. Hardy. (2.) Inoculability of various skin affections (ecthyma, impetigo, herpes, epidemic pemphigus of the newly-born), Dr. Vidal. (3.) Diagnosis of meningitis by the ophthalmoscope, Dr. Bouchut.

Section II., Surgery. President, Dr. Mayor; vice-presidents, Drs. Juillard, Las Kowstri, and Speiss; secretaries, Drs. Hilt and Martin. (1.) On artificial ischemia, Dr. Esmarch, of Kiel. (2.) The influence of traumatism on pregnancy, and *vice versa*, Dr. Verneuil. (3.) Treatment of ozæna, Dr. Rouge, Lausanne. (4.) Galvano-cautery, Dr. Juillard, Geneva. Communications announced: (1.) The definite results of articular resections, Dr. Ollier, Lyons. (2.) Penian fistula, Dr. Reverdin, Geneva.

Section III., Midwifery. President, Dr. Gautier; vice-presidents, Drs. Badan, Long, and Odier; secretaries, Drs. E. Chenevière and Pilicier. (1.) On the artificial alimentation of children, Dr. Zweifel, Erlangen. (2.) The employment of anæsthetics during natural labor, Dr. Piachaud, Geneva. (3.) On membranous dysmenorrhœa, Dr. Gautier. Communications announced: (1.) Uterine souffle, Dr. Rapin, Lausanne. (2.) On the law regulating the growth of children, Dr. Odier, Geneva.

Section IV., Public Medicine. President, Dr. H. Cl. Lombard; vice-presidents, Drs. Bient, Dunant, Odier; secretaries, Drs. Lombard and Pétavel. (1.) The influence of alcoholism on mental affections, Dr. Magnan. (2.) Medical geography; on malaria in Europe and Northern America, Dr. H. Cl. Lombard. (3.) On the influence on towns by the emigration of the inhabitants of villages, Dr. Dunant. (4.) Tuberculosis treated on the mountains and on the Mediterranean coast, Dr. Thaon, Nice. Communications announced: (1.) The influence of the adulteration of alcoholic drinks on the health of the manufacturer and consumer, Dr. Guillaume, Neuchâtel. (2.) How epidemics arise and end, Professor Diday, Lyons. (3.) On the value of hydropathy in the nervous state and anæmia, Dr. Glatz, Geneva.

Section V., Biology. President, Dr. Schiff; vice-presidents, Drs. H. Fol, Rapin, Vulliet; secretaries, MM. Vogt, Darier, Wartmann. (1.) The physical characters of the electric discharge of the torpille, its physiological analogy with muscular contraction, Dr. Marey. (2.) Cerebral localization, Dr. Broadbent, London. (3.) On the cause of sleep, Dr. W. Preyer, Jena. (4.) The functions of the spleen, Dr. Schiff. (5.) Histology of the ova and the *rôle* of the zoösperm in fecundation, Dr. H. Fol. (6.) Physiological antagonism, Dr. Prevost. Communications announced: (1.) Entozoa in man, Dr. Vogt. (2.) On the tissues in the organism, Dr. Yalsy. (3.) Case of anomaly in the conformation of the hand, Dr. Bouchut.

Section VI., Ophthalmology, Otology, etc. President, Dr. Warlomont; vice-presidents, Drs. Barde and Haltenhoff; secretaries, Drs. Ferrière, Ravenel, and Kohler. (1.) Indications for the enucleation of the globe of the eye in its relation with sympathetic ophthalmia, Dr. Warlomont. (2.) The ætiology and prophylaxis of myopia, Dr. Haltenhoff. (3.) Tenotomy of the tensor tympani, Dr. Colladon, Geneva.

— The next general meeting of the American Social Science Association will be held at Saratoga, commencing September 4th, and remaining in session through the week. It is proposed that all the members shall convene in one place, the United States Hotel, special arrangements having been made for their accommodation there. In addition to a programme of papers and discussions of more than usual interest, it is further proposed at this meeting to carry out more fully than ever before the leading object of the organization, namely, "*association*," by bringing together at one time, and especially at one place of temporary residence, as large an assemblage of individuals as is possible from all sections of the country who are specially interested in some department of social or economic science.

— Upon the recommendation of the medical faculty, Dr. E. S. Peck (who is now pursuing his medical studies with high enthusiasm and success in Europe) was elected to the special professorship of diseases of the eye and ear in the medical department of the University of Vermont by the trustees at their late meeting. Dr. Peck has contributed to the JOURNAL a number of interesting letters from different European cities during his residence abroad.

LETTER FROM PHILADELPHIA.

MESSRS EDITORS, — With the exception of a few of the blistering days for which Philadelphia is notorious at this season, we have thus far enjoyed remarkably cool weather, — weather which permits one to sleep at night without the companionship of an involuntary steam-bath. As a consequence the city has been blessed with good health. Statistics show a decreasing death-rate from week to week. The Board of Health is very active at this season. The usual issue of instructions to the people bears, this summer, most strongly upon cleanliness of person, house, and surroundings. Philadelphia has an exceptional geographical situation. She lies between two flowing rivers, and at her doors has the noble Park of thirty-five hundred acres. The Park is the breathing-place of the city. Old and young, rich and poor, make such use of its pure air and the grateful shade of its one hundred thousand trees that it is no infrequent thing to hear that over one hundred thousand persons have gone to the Park in one day. Words are needless as to the beneficial effects of such a breathing-place. Besides this huge oxygenator, Philadelphia possesses many supplementary lungs in the beautiful wooded squares which exist all over the city. Moreover, spite of the absurd sensational reports of last summer to the contrary, the drinking-water of the city, as shown by constant analysis, is unusually pure and wholesome. At the present time the city is not only free from all epidemics, but the diseases which are peculiar to the season seem this year to be at a minimum.

Many of our physicians are out of the city, some of them for a vacation of several weeks. Those who remain have little else to do than amuse each other. Their dissipation consists in congregating in the office of one or the other and gossiping over their cigars until long after midnight, for, the wives being absent, family discipline is simply *nil*. To accomplish work of any sort at this season, either with pen or book, is, in Philadelphia at least, almost physically impossible.

I regret that I cannot give you details of the recent meeting of the State Medical Society of Pennsylvania. The occasion brought together a larger number of physicians than has been the case under the auspices of this society for several years, excepting, of course, the meeting of 1876 in Philadelphia. But it can be said that the society has at no previous meeting listened to the reading of so many papers as were presented this year. Discussions, too, were interesting and lively. Concerning the admission to the society of women as delegates, it was resolved that if individual city and county societies choose to receive medical women as members, then the state society would accept such women as delegates. The matter was then relegated to the various societies. It has been alleged by those who were in error that intoxicating liquors were freely used at the banquets. I have the authority of a delegate for stating that no liquors whatever were served or called for at the banquet or other entertainment. The former was given at a hotel, and my informant thinks the reports to which I have alluded arose entirely from the fact that certain delegates did drink at the bar of the hotel. Much as this is to be regretted, it did not receive the countenance of the society, and no intoxication

of any degree was seen. The society will hold its next annual meeting in Pittsburg under the presidency of Dr. D. Hayes Agnew, of this city.

Mention of Pittsburg brings to mind the recent terrible riots in that city and the incipient riots in Philadelphia. We have just completed a week which revived memories of our civil war. The steady tramp of armed men by day and night, the dull rumble of artillery, solitary soldiers hurrying here and there, the midnight cry of the newsboys, the general anxiety for the safety of the city, were all thrillingly familiar; indeed, painfully so. There were, too, the medical interests of the excitement, — surgeons suddenly donning uniforms to go to "the front," young medical men volunteering their services and anxious to be accepted in hope of becoming better known; the hurrying hither and yon for necessary surgical appliances, which late at night could be obtained only from hospitals or by private loan. The danger is over. This city was saved by the bravery of her police under the splendid and decisive management of Mayor Stokely. Government troops backed by artillery came in abundance, but only when the police had obtained the upper hand.

I have recently been reminded of the infamous creature who kept a baby-farming establishment in Boston some years ago. A similar creature and establishment were unearthed in this city within a few weeks, and more recently a second. Both women are now in jail, and the murderous traffic seems to be at an end.

The Philadelphia Hospital is the refuge of the sick and poor of the city. The number of inmates frequently amounts to as many as four thousand, and the institution is naturally richer in clinical material than any other three hospitals in the city. Some of the visiting physicians have made use of their patients for purposes of clininal instruction to private classes. At a recent meeting of the Guardians of the Poor, which board controls this hospital, a resolution was offered which forbade such use of the patients. Said one member of the board: "I have no spirit of opposition to the advance ment of medical knowledge, but this institution is a refuge to the poor and not a medical hospital. A portion of the faculty have taken advantage of the favors of the hospital committee, and have taken upon themselves to act independently." The president then added: "It is understood that the faculty are to lecture only in the Ampitheatre, and I am bitterly opposed to any experiments being tried upon the unfortunate inmates of the house. I have heard to my great surprise that such experiments are being tried;" and he instanced a case of transfusion. The general sentiment was that inmates should not be exposed to or examined by students against their will, especially for the pecuniary benefit of the physician. The resolution was therefore unanimously adopted. The question was raised by the appearance of a pamphlet, issued by certain of the physicians, offering special advantages in the direction of ward clinics, for example: (1.) In the privilege of visiting regularly the extensive wards of the hospital. (2.) In the examination of pregnant women in the waiting wards for the rational and sensible signs of pregnancy. (3.) In being present at cases of confinement in the wards. (4.) In bedside instruction in the care and management of lying-in women. (5.) In the opportunity students have of attending women in confinement at their own homes. Besides these

advantages, opportunities were offered to become members of ward classes in auscultation and percussion, in diseases of the nervous system, clinical instruction in surgical wards, etc. It need not be said that the general sentiment among physicians is decidedly in favor of ward teaching. Only medical men realize how imperfect has heretofore been the practical clinical knowledge of graduates of American schools, and those of us who have seen the wealth of material which is offered to students in foreign hospitals only the more deeply appreciate the necessity in America of enlarging and improving opportunities of students to become practically familiar with disease and symptoms of disease. Symptoms which can be seen, heard, felt, or be brought to light by the student himself in a single case benefit him far more than would a hundred cases whose symptoms were merely described. The great lack of American schools has been practical, objective teaching, — too little of this and too much of the didactic. To prepare a man for practice his instruction should be practical. Hence the need of an improved method of instruction in many of our medical institutions. If, for example, the Clinical Conference, which forms so attractive a feature of the Harvard School, were introduced into the curriculum of every medical school in the country, we should in time have a more intelligent and practical body of medical men. It is undoubtedly true that many of our physicians go through their professional lives in ignorance of, or in embarrassment in regard to, the real character of many of their cases simply because they have never been practically taught the meaning of symptoms and the bearing of one symptom upon another. Indeed, they are often blind to symptoms which have the most important significance, and the treatment which they adopt is naturally of the happy-go-lucky sort, like the aim of the man who fired at a deer, missed it, and then found it was a calf. When rallied upon his poor markmanship he said: "Oh, I knew what I was about. I was n't certain as to whether it was a calf or a deer, so I fired to hit it if it were a deer and miss it if it were a calf!"

The subject is suggestive of much which might and ought to be said, and was well said so long ago as the time when Bacon wrote his Advancement of Learning. (See his remarkable chapter on medicine, book iv. chap. ii.) I will, however, merely add that so far as Philadelphia is concerned there is an immense amount of clinical and pathological material in the Philadelphia Hospital and in the dispensaries which is not utilized. In the former there is the objection of managers to clinical teaching, and though necropsies are faithfully made, no systematic history is kept, — indeed, no history at all. The latter (the dispensaries), with their thousands of patients, are run by one or two men on a plan a century old. The wise specialization of the Boston Dispensary is unknown, and the unwise conservatism of the managers of Philadelphia dispensaries *forbids* any form of clinical use of the vast number of patients. The only exceptions are the eye and ear subdivision of the old Philadelphia Dispensary, which Strawbridge fought, one might say bled and almost died, to establish, and the obstetric department of the same institution. But neither of these is used for instruction. This is all wrong, but one can at least hope for a beneficial change.

I suppose you will shortly receive a copy of Dr. W. W. Keen's Toner lect-

ure on Surgical Complications and Sequelæ of the Continued Fevers. It is not only interesting, instructive, and well written, but somewhat original as to its subject, for it plows up ground heretofore but little cultivated, — never, perhaps, so systematically as has been done by Keen. The nine and one half pages of bibliography bear testimony to the thoroughness of his research and to the amount of time which he devoted to the preparation of his paper.

The king of Sweden and Norway has conferred upon Dr. William Pepper, of this city, the decoration of Knight Commander of the Norwegian order of St. Olaf (second class) in acknowledgment of services rendered by Dr. Pepper to the Swedish and Norwegian commissioners at the Centennial Exhibition.

I think you will, in this *dolce far niente* season, listen patiently to a legend touching a learned anatomist of Philadelphia, now gone. He was a methodical man, — so painfully methodical that nothing could disturb the geometric arrangement of his waking hours. He was one day called upon by a gentleman, who was shown into the waiting-room and told that the doctor would shortly appear. While waiting he heard peal on peal of laughter in the adjoining room. Soon the doctor appeared, precise and prim. "Good morning, doctor. Something has amused you, I should judge. What was the good joke?" Said the doctor gravely: "There was no joke. It was my hour for laughter." H. O.

PHILADELPHIA, *August*, 1877.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING AUGUST 11, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228	625	30.17	27.46
Philadelphia	850,856	373	22.79	22.88
Brooklyn	527,830	279	27.49	24.31
Chicago	420,000	225	27.86	20.41
Boston	363,940	180	25.72	23.39
Providence	103,000	53	26.75	18.34
Worcester	52,977	33	32.39	22.00
Lowell	53,678	32	30.99	22.21
Cambridge	51,572	33	33.27	20.54
Fall River	50,372	28	28.90	22.04
Lawrence	37,626	15	20.73	23.32
Lynn	34,524	16	24.09	21.37
Springfield	32,976	7	11.04	19.69
Salem	26,739	15	29.17	23.57

OBITUARY. — George Henry Webster Herrick was born in New London, N. H., April 8, 1839. After graduating at the academy there, he studied medicine in Boston and Philadelphia, receiving the degree of M. D. from Jefferson College in 1861. He began practice in Enfield, N. H., but removed in a few weeks to Billerica, Mass., where he remained about three years, finally settling in Charlestown, where he acquired a very extensive and lucrative practice. Shortly after coming to Charlestown he went as an assistant surgeon to a military hospital at Norfolk, Va., from which he was appointed to the surgeoncy of the

First U. S. Volunteers, composed of rebel prisoners, and sent to Dakota, where they had several engagements with the Indians. At the close of the war he returned to Charlestown where he became a prominent citizen, a freemason of high standing, and a member of the Loyal Legion. His genial and courteous manners, which in part secured him his success, will long be remembered. In early life he connected himself with the Protestant Episcopal Church, of which he was a vestryman at the time of his decease.

His extensive practice, which occupied most of his waking hours, led him to overlook the initial symptom which, contracted while in the discharge of his professional duties as an accoucheur, finally assumed such a serious character last April as to necessitate leaving his practice and seeking relief by quietude at his native home, and later by a visit to Europe.

The disease had, however, made such advances as to cause a fatal termination, which took place at University College Hospital, London, July 21, 1877. He was as much a martyr as though while serving the government he had met his death-wound from the poisoned arrow of an Indian foe. His untimely death is universally lamented by his professional brethren of the district in which he lived and labored.

Books and Pamphlets Received.—Hay Fever, or Pollen Poisoning. An Essay read before the New Jersey State Medical Society. By Elias J. Marsh, M. D., of Patterson. (Reprinted from the Transactions of the Medical Society of New Jersey.) 1877.

Contributions to the Treatment of Pulmonary Phthisis. By W. Gleitsmann, M. D. (From the New Orleans Medical and Surgical Journal.) July, 1877.

On the Brain of Chimæra Monstrosa. By Burt G. Wilder, M. D. (From the Proceedings of the Academy of Natural Sciences, May 29, 1877.) Philadelphia.

The Scientific Basis of Delusions. By George M. Beard, A. M., M. D. G. P. Putnam's Sons.

The American Medical Association and the United States Pharmacopœia. (A Reprint of the Pamphlets of Dr. H. C. Wood, Mr. Alfred B. Taylor, the Philadelphia County Medical Society, and the National College of Pharmacy. With a Rejoinder by Edward R. Squibb, M. D., Brooklyn.) 1877.

Public Health: Is it the Duty of Governments to provide for it by the Establishment of Sanitary and Hygienic Essentials? By G. P. Conn, M. D., Concord, N. H. (Reprint from the Transactions of the New Hampshire Medical Society.) 1877.

Woman's Medical College of the New York Infirmary. Ninth Annual Catalogue and Announcement. 1877–78.

The Practitioner's Reference Book, adapted to the Use of the Physician, the Pharmacist, and the Student. By Richard J. Dunglison, M. D. Philadelphia: Lindsay and Blakiston. 1877. Pp. 335. (From A. Williams & Co.)

Proceedings and Reports of the Sanitary Commission of the City of Atlanta, Ga. 1876.

Transactions of the Medical Society of the District of Columbia. July, 1877. Washington.

Thirty-Fourth Annual Report of the Managers of the State Lunatic Asylum, Utica, N. Y., for the year 1876.

Annual Report of the Board of Health of the Births, Marriages, and Deaths in the city of Richmond for the Year 1876.

Fat and Blood, and How to Make Them. By S. Weir Mitchell, M. D. Philadelphia: J. B. Lippincott & Co. 1877. Pp. 101. (For sale by A. Williams & Co.)

Cholera Infantum. Treatment of the Cold Stage. (Reprinted from the Cincinnati Lancet and Observer, August, 1877.)

Der Einfluss der Beschäftigung auf die Lebensdauer des Menschen nebst Erörterung der wesentlichsten Todesursachen. Von Dr. A. Oldendorff. Berlin. 1877.

On the Physiology of Sugar in Relation to the Blood. By F. W. Pavy, M. D., F. R. S. (Reprinted from the Medical Examiner.) London. 1877.

Ninth Annual Announcement of the Indiana Medical College. Indianapolis. 1877–78.

Excision of the Lower End of the Rectum in Cases of Cancer. By John B. Roberts, M. D. (Reprinted from the Medical and Surgical Reporter.)